

# AHCCCS ON-LINE CLAIM SUBMISSION MANUAL

## Section 7:

### Adjustment (CMS 1500)




AHCCCS Online - Microsoft Internet Explorer provided by AHCCCS


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## Arizona Health Care Cost Containment System



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### Main Menu

- Eligibility and Enrollment Status
- Provider Information
- Claim Status
- Electronic Remittance Advice
- Prior Authorization Inquiry
- Newborn Notification
- Claim Submission**
- Provider Verification

### Account Information

User Name: awescobedo

User ID: 0000020

Type: Individual

IP: 170.68.241.12

AHCCCS Provider ID: .....

User Account

For security purposes, your session will be logged out after 15 minutes of inactivity.

**Click on Claim Submission**


Claim Submission allows providers to submit **Fee-For-Service** claims to AHCCCS for nightly processing. Professional, Institutional and Dental claims will be accepted.

Prior Authorization Inquiry will allow providers to verify the status of previously submitted Prior Authorization requests.


Eligibility and Enrollment Status allows providers to verify an AHCCCS recipient's eligibility and their enrollment in a Health Plan. Providers also can obtain Medicare and other third party coverage information for a recipient.

Newborn Notification allows providers to submit newborn information to AHCCCS during the hours when the COM Center is not available.

Provider Information allows providers to update their correspondence addresses. Providers may also view (but not update) their Service and Pay-To Addresses, Group Affiliations and Authorized Signatures. For further information, please click on [AHCCCS Provider Registration](#).



The AHCCCS mainframe systems will have scheduled downtimes that occur on a weekly basis. During these downtimes (usually weekends), the web site will be unavailable. For questions regarding downtimes, please call **602-417-4444**. During system downtimes, please contact the AHCCCS COM Center at **602-417-7000** for immediate assistance regarding eligibility/enrollment. The Interactive Voice Response (IVR) System is also available for eligibility inquiries at **602-417-7200**. For claim inquiries, please contact the AHCCCS Claims Customer Service at **602-417-7670**. For a full list of contacts, please click on [AHCCCS Contacts](#)



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<http://www.ahcccs.state.az.us/PlansProviders/ProviderRegistration.asp> Internet


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Address: https://azwebst.statemedicaid.us/ClaimSubmission/Default.asp?Provider\_ID=436198 Go Links



# Arizona Health Care Cost Containment System

ARIZONA @YOUR SERVICE

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- Provider Verification

**Account Information**

User Name: awescobedo

User ID: 0000020

Type: Individual


IP: 170.68.241.215

AHCCCS Provider ID: .....

User Account

## Claim Submission

**Enter New Claim**


Type of Claim: Professional  Go...

Professional

Institutional

Dental

**View Status**

Date of Submission:  Go...

**CONFIRMED**

VERIFY WEB SITE

are Cost Containment

CLICK TO VERIFY

JUN 12 2007 7:42:02

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When adjusting a CMS 1500 (Professional Fee)

You must use the Professional form type

Click on the down arrow

then

Click on Professional

start

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Address [https://azwebst.statemedicaid.us/ClaimSubmission/Default.asp?Provider\\_ID=436198](https://azwebst.statemedicaid.us/ClaimSubmission/Default.asp?Provider_ID=436198) Go Links



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## Main Menu

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## Account Information

User Name:	awescobedo
User ID:	0000020
Type:	Individual
IP:	170.68.241.215
AHCCCS Provider ID:	
User Account	



CONFIRMED  
SECURE WEB SITE  
Containment System  
CLICK TO VERIFY  
JUN 12 2007 7:42:39

## Claim Submission

### Enter New Claim

Type of Claim: Professional

### View Status

Date of Submission:

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Done


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**Arizona Health Care  
Containment System**

ARIZONA  
@YOUR SERVICE

Here you will enter  
your  
[Provider ID & NPI](#)

**Note:**

As of March 1, 2008 the  
NPI ID number will be  
required if appropriate.

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**Main Menu**

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**Professional Claim Information**

Service Provider				
Provider ID	National Provider ID (NPI)	Location	Name	Type
123456			Find...	

Then click  
the  
Find button

**Account Information**

User Name: awescobedo

User ID: 0000020

Type: Individual

IP: 170.68.241.113

AHCCCS Provider ID:

User Account

**CONFIRMED**  
SECURE WEB SITE

\*.statemedicaid.us

CLICK TO VERIFY  
MAY 31 2007 9:50:33

**Note:**

When adjusting a claim prior to  
03/01/08, do not use the NPI number  
if the claim was originally billed  
without the NPI number or your  
adjustment will deny for un-match  
key fields.

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Arizona Health Care Cost Containment System

ARIZONA

@YOUR SERVICE

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Account Information

User Name: awescobedo

User ID: 0000020

Type: Individual

IP: 170.68.241.113

AHCCCS Provider ID: .....

User Account

Professional Claim Information

Service Provider

Provider ID	National Provider ID (NPI)	Location	Name	Type
123456		01	Dr John	MD-PHYSICIAN

Recipient

AHCCCS ID	Name	Date of Birth	Gender
A12345678			

Enter the Member's AHCCCS ID #

Then click on Find

CONFIRMED

PEOPLE NEED THIS

Arizona Health Care Cost Containment System

HIGH ASSURANCE SSL

MAY 31 2007 9:52:25

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# AHCCCS

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### Professional Claim Information

**Service Provider**

Provider ID	National Provider ID (NPI)	Location	Name	Type
123456		01	Dr. John	MD-PHYSICIAN

**Recipient**

AHCCCS ID	Name	Date of Birth	Gender
A12345678	Smith, Jane	03/05/1949	F

**Account Information**

User Name: amescobedo  
User ID: 0000020  
Type: Individual

**Submission Reason**

Replacement

Original  
Replacement  
Void

**Original Reference Number**

070000000000

**Is Patient's Condition Related To:**

Employment? ☐ Yes ☒ No Auto Accident? ☐ Yes ☒ No Other Accident? ☐ Yes ☒ No

**Place (State)**

**Enter the Original Claim Record Number (CRN) of the claim you want to adjust here**

**Prior Authorization Number**

**Patient's Account Number**

123456789

**Date of Current**

**Hospitalization Dates Related to Current Services**

**Illness/Injury/Pregnancy**

**From**

**To**

**Billing Provider**

**Tax ID**

860000000

**National Provider ID (NPI)**

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Contact AHCCCS  
Phoenix, AZ 85034, (602) 417-4000

**Note:**

When adjusting a claim prior to 03/01/08, do not use the NPI number if the claim was originally billed without the NPI number or your adjustment will deny for un-match key fields.

**Note:**

Adjustment of a denied CMS 1500 claim:

Correct the claim and resubmit the claim in its entirety, including all original lines if the claim contained more than one line.  
Failure to include all lines of a multiple-line claim will result in recoupment of any paid lines that are not accounted for on the resubmitted claim.

Adjusting a paid claim:

Make changes/add lines to the new claim and submit the claim containing all previously submitted lines.  
If any previously paid lines are omitted, the AHCCCS system will assume that those lines should not be considered for reimbursement, and payment will be recouped.